

# SPCC Annual Tank Assessment Form

Area: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Inspector Name (Signature)

\_\_\_\_\_  
Supervisor Name (Signature)

Tanks		
	Yes/No	Comment
Signs of leakage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank condition ok	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foundation condition ok	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gauges/alarms working properly	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Containment Area		
	Yes/No	Comment
Signs of oil in containment area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cracks in containment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drainage valves/openings closed	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Transfer Operations		
	Yes/No	Comment
Signs of leakage from pipes, valves, flanges	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pipeline condition ok	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Out-of-service pipes capped	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Truck Loading and Unloading Areas		
	Yes/No	Comment
Signs of leaks/spills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Warning signs posted or wheel chocks used	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Security		
	Yes/No	Comment
Lighting functioning properly	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fences and gates intact	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gates locked when facility is unattended	<input type="checkbox"/> Yes <input type="checkbox"/> No	

For instructions, refer to Appendix D.1 in your SPCC Plan.